




COUNTY BOROUGH OF NORTHAMPTON.
EDUCATION COMMITTEE.

ANNUAL REPORT
OF THE
School Medical Officer,
FOR THE YEAR 1924.

By J. DOIG McCRINDLE,
Medical Officer of Health,
School Medical Officer, and
Chief Tuberculosis Officer.



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ANNUAL REPORT OF THE SCHOOL MEDICAL OFFICER FOR THE YEAR 1924.

*To the Chairman and Members of the Education Committee of the County
Borough of Northampton.*

MR. CHAIRMAN, LADIES, AND GENTLEMEN,

I have to present to you herewith the Report of the School Medical Service for the year 1924. It includes as heretofore the reports of the medical and dental inspectors of the work accomplished by them in the schools and at the School Clinic and in scope varies little from that of its immediate predecessor, though it forms the record of the first complete year of service of Dr. Mason, the Assistant School Medical Officer.

For this reason the numbers of children examined and treated shew an increase over last year, both in total and under the heading of most of the defects, and I consider that the work accomplished marks the limit of what can be obtained with a staff of the present dimensions.

The personnel of the staff remained the same throughout the year as in the latter half of 1923, and is as follows :—

- (1) The School Medical Officer, who is also Medical Officer of Health of the Borough ;
- (2) An Assistant School Medical Officer, appointed also Assistant Medical Officer of Health, who is the Medical Inspector and is in charge of the School Clinic ;
- (3) A whole-time School Dentist who acts after school hours as Dental Officer to the Maternity and Child Welfare section of the Public Health Department, an arrangement which greatly facilitates the co-ordination of the Health Services ;
- (4) An Ophthalmic Surgeon ; and
- (5) A Radiologist, both of whom are on the staff of the General Hospital, and devote at least one morning session each week to the work of the School Clinic ;
- (6) Three School Nurses whose whole time is given to the service ;
- (7) Three Clerks, one of whom assists in the clinical work of the School Dentist ;
- (8) A Caretaker of the School Clinic premises, which includes premises for school meals and a small Occupation Centre.

Co-ordination of the activities of the various sections of the Public Health Department (Schools, Tuberculosis, and Child Welfare) is secured through the Medical Officer of Health, who is general administrative supervisor, and arrangements are made for mutual assistance as regards staff and for the interchange of records and other information. It is quite impossible, however, for the Medical Officer of Health to do other than generally supervise the school work, and the assistant is the only medical officer taking part in the detailed work in the schools and at the clinic.

The reports submitted to me by Dr. Mason, Assistant School Medical Officer, and Mr. Anderson, School Dentist, are presented in full and are drawn up strictly on the lines required by the Board of Education, as in previous years, and are so arranged that comparison with former reports is facilitated. Most of the tables (all those, at least, which are required for the information of the Board of Education) are grouped together at the end of the Report.

Previous to 1923, the School Medical Officer was not the Medical Officer of Health, and was able to devote almost all his time to school work while the Assistant School Medical Officer was a whole time school official, so that the work which it is attempted to accomplish now with practically one officer was formerly divided between two; hence the significance of Dr. Mason's remarks in one of the early paragraphs under "Medical Inspection" on page 10. In my report for 1923, on page five, I commented on the impossibility, for similar reasons, of special work being done by way of investigation in any of the many directions invitingly presented to those engaged in this work. "The School Medical Service at present offers "one of the best chances to medical science for the study of healthy "humanity, on more or less exact lines, in sufficient bulk to give reliable "information, invaluable in the diagnosis and treatment of disease. "Many individual points emerge from such a study which deserve to be "specially followed up and particular circumstances require fuller investigation than can be given in the daily routine. Such work can, of "course, only be carried on, at present, by the School Medical Staff and "needs time and energy." It is, however, impossible to obtain this time and energy when the ordinary work makes such demands as in present circumstances it does here. Dr. Mason's long experience previous to coming here should eminently fit him for such special work if every moment of his time had not to be devoted to the more or less drudgery of routine, which it may yet be found he cannot satisfactorily overtake single-handed even now. I consider it advisable to mention this point again as it frequently happens that the question is asked why certain procedures are not carried out or certain information is not available outside the bare requirements of the Board of Education.

An important side of the work Dr. Mason rightly emphasises and is endeavouring to develop as much as possible is the "following-up" of children found on inspection to be defective, for the purpose of endeavouring, as quickly and as thoroughly as possible, to get the defect remedied.

The number of children thus included and the number of visits made by the staff, both to the schools and to the homes, for this purpose shews this year a decided increase, as the following statement indicates :—

	1923	1924
Number of visits of staff to school to follow-up cases of defect	336	526
Number of separate children seen at these visits	3,757	7,033
Number of visits to homes for the same purpose	264	618

Experience has shewn everywhere that medical inspection of itself is of very little value as a means of improving the condition of the school child without a thorough scheme for this “ following-up,” to insist with all the power at one’s disposal that the parents avail themselves of the advice given. In an increasing number of cases it is found not only desirable to follow-up in school but, through the agency of the school nurse, to visit the home.

One of the most unsatisfactory conditions disclosed in the report is that under the heading “ Uncleanliness ” which mainly has reference to the hair. Although most strenuous efforts have been made to bring about improvement entailing time and energy on the part of the staff, much needed in other directions, the improvement effected is by no means what it should be and the results are, according to the medical inspector, far from gratifying. When it is realised that children whose parents do all they can to keep them clean in this respect have to associate daily in class with others constantly in a verminous state, whose parents do little or nothing to improve matters, the seriousness of this condition, apart from the effect it may have on the health and well-being of the verminous child itself, becomes very apparent. When every reasonable effort has been tried without success, the offending parent is proceeded against in the Police Court. Dr. Mason mentions the result of this last procedure. Like him I offer no comment. A parent who seriously tries to do the best, with the aid and advice offered, will find it quite possible, even in the most unfavourable circumstances, to maintain the moderate standard of cleanliness aimed at.

The year 1924 was characterised by a more than usual incidence of those communicable diseases specially prevalent amongst school children. Scarlatina, which both in prevalence and fatality had been of little importance in Northampton for more than a dozen years, suddenly assumed epidemic proportions during the latter half of the year. A study of the history of this and similar communicable diseases, which periodically invade a community in epidemic form, attack a certain proportion of the susceptible material, *i.e.* persons, especially children, unprotected by a previous attack, and recede like a wave leaving an interval of comparative quiescence, led us to expect such an outbreak at any time during the last five years. Its postponement permitted a greater accumulation of susceptible material and an extensive outbreak was looked for. It came suddenly in July, fortunately just before the summer holiday, spread

rapidly for a few months and died down as suddenly at the end of the year. Although of considerable extent (11·28 cases per thousand of the population) it was fortunately of a mild type with a low fatality and shewed some rather unusual features, some of which were more noticeable in relation to the school population than to the general. One of these latter was the age distribution. Scarlatina is regarded as a disease which specially affects young children of early school age, a fact which makes its presence in epidemic form of vital importance to education authorities. It spreads amongst these children often very insidiously and if of mild type, like the recent form, its presence may be so difficult to detect that it escapes recognition till serious mischief is done both in regard to the well-being of the children and to the average attendance of the schools. In this important characteristic of age distribution, however, the recent outbreak differed from usual, as hardly more than half the cases were amongst school children of any age, and only about twenty-one per cent. amongst those attending infants' schools, while an abnormally large proportion occurred amongst adolescents just over school age. The division of cases amongst the schools corresponded on the whole with the distribution over the various districts of the town and where temporarily it was specially prevalent in any one area the schools in that area shewed an increased roll of absentees, but at no time was any local outbreak traceable originally, as it often is, to school attendance, nor did it ever seem necessary or desirable to resort to school closure. Scarlatina is not a disease of the slums and falls more heavily as a rule on suburban, or at least on prosperous artizan neighbourhoods, than on the older central and more crowded districts, and it is oftener the outlying rather than the central schools which are most affected. During this epidemic, however, although the St. James' and Far Cotton schools had more than their share of cases, there was comparatively a greater incidence on such central schools as Military Road, Spring Lane, and St. George's, than on Kingsthorpe Grove, Barry Road, and St. Matthew's. Fuller reference to these and other features of the epidemic is made in the Annual Report of the Medical Officer of Health.

Much more serious conditions from the point of view of the school child are measles and whooping cough. Although the former was not present during the year in serious epidemic form it accounted for much sickness and loss of attendance and, as is usual, cost more time and energy to control than any other communicable disease. School closure, at least in towns, is generally of little value in limiting its spread, though undoubtedly the school is the most potent agency for propagation. On two occasions, however, referred to by Dr. Mason, I believe the prompt closure of infants' departments did affect the purpose aimed at. Whooping cough is almost, if not quite so, serious as measles, is equally difficult to cope with and owing to the longer period of exclusion necessary is even more costly to education authorities, and though there was no serious local outbreak, nearly all the schools were threatened at one time or another.

More than ordinary vigilance was maintained in regard to chickenpox, generally a mild and, though highly infective, a comparatively harmless disease in itself. Its frequent confusion with smallpox, however, of which

there has been so much in the country lately, and the invasion of which we can hardly hope to elude, has invested this disease with an importance for which the community itself, by its neglect of efficient vaccination, is entirely responsible. The figures on page 15 of Dr. Mason's report represent the extent to which we have deliberately deprived our school children of the best if not the only real means of protection at our disposal.

Writing on the subject of tuberculosis, Dr. Mason again pleads for the open air school, and in last year's report I fully endorsed and endeavoured to emphasise his views. In order, however, to avoid the risk of doing more harm than good to the cause by harping again on the same string, I shall retrain at this time from further comment.

One other point I feel, however, calls for some mention and that has reference to the dental work. Mr. Anderson, the School Dentist, in his report describes the nature and extent of the work done in accordance with the requirements of the Board of Education and a summary is contained in Table IV. (Group IV.) at the end of this report. It may be noted in comparing the figures for this and the previous year that while the total work accomplished shews no falling off, the systematic routine inspections and re-inspections have had to give way to some extent to the treatment of special cases. This is unfortunate as, though the most of the specials are or should be of an urgent nature requiring to be dealt with as soon as possible, such work is largely curative in character in contrast to the systematic routine work which is really preventive. Unfortunately also many of these special cases come from amongst those who have already refused or neglected the advice given when previously inspected in routine. By a system of routine inspection beginning from the time of the first appearance of the permanent teeth or even earlier and repeated periodically (annually if possible) throughout school life, with the appropriate advice and treatment as the need arises, it should be possible to keep a child's teeth perfectly sound and healthy by preventing the very beginning of disease or abnormality. There should then never arise the question of the removal of "unsaveable" teeth and the effect on the whole well-being in after life will be enormous. This systematic supervision is the real object of school dental work. Unfortunately many parents will not take advantage of the chance thus offered and refuse or neglect the advice given, with the result that the teeth get so diseased as to become unsaveable and in the process poison the individual. It is necessary to prevent serious ill-health to get rid of the unsaveable teeth which are the cause of the mischief. The medical inspector finds the child suffering more or less seriously and immediate emergency treatment is obtained; very often the parents have previously refused the offer of preventive treatment made by the school dentist in the course of his routine inspection. In this way the systematic routine work is seriously interrupted because such special cases are by no means few in number. It is impossible under present conditions to do more than keep the numbers down to a minimum, but in the interests of the children's health most of them must be dealt with. Of course matters could be greatly helped by increasing the staff and another school dentist would, I believe, find plenty to do in

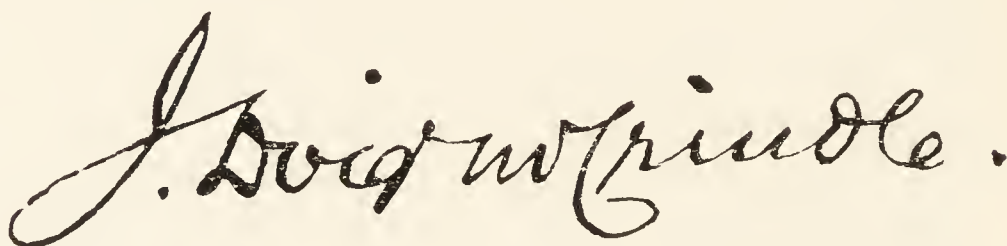
Northampton. With the present staff it will always be a difficult matter to deal with these "specials" as they should be, without seriously curtailing the more important work.

There are other interesting and important points which deserve careful attention in the reports both of the Medical and Dental Officers, but I do not propose to refer to them here.

I have only to acknowledge, as usual, the loyal co-operation of every member of the staff, which has greatly lightened the work of supervision, and the continued courtesy shewn me by the Director of Education and his assistants at all times.

I am, Ladies and Gentlemen,

Your obedient Servant,

A handwritten signature in cursive script, reading "J. Dwyer Pringle." The signature is written in dark ink and is positioned below the typed name.

School Medical Officer.

PUBLIC HEALTH DEPARTMENT.
GUILDHALL, NORTHAMPTON.
MAY, 1925.

Report of the Assistant School Medical Officer.

SCHOOL CLINIC,
MARCH, 1925.

To the School Medical Officer.

SIR,

I herewith submit to you my report on the work of Medical Inspection and Treatment carried out by me in connection with the School Medical Service during the year 1924.

The usual Tables, in accordance with the requirements of the Board of Education, are appended.

Your obedient Servant,

J. H. MASON,

Assistant School Medical Officer.

THE SCHOOL MEDICAL SERVICE IN RELATION TO PUBLIC ELEMENTARY SCHOOLS.

SCHOOL HYGIENE.

The schools are of diversified types, built at various dates from 1840 onwards to 1908. No new school has been built, or any enlargement of school buildings made, during the year ; in the event of either of such being proposed I am strongly of opinion that the plans should be passed for inspection by the Medical Department before being finally issued ; small regard is often paid to the hygienic point of view in school planning until the building is in existence and circumstances arise which might have been foreseen by a School Medical Officer—this has happened recently in a school where extra urinal accommodation has been built so that the urinal is now just outside a classroom window, having been enlarged towards the school instead of away from it.

SCHOOL DESKS. I am pleased to report that a good start has been made towards the replacement of the long flat desks by modern dual desks ; a reasonable sum of money has been earmarked for annual expenditure. I miss no opportunity when in the classrooms of impressing upon scholars and teachers the importance of, and necessity for, a correct posture, and a definite though slow improvement is evident ; my entry into a classroom of writing children is followed at once, without a word, by the proper upright position being taken by those who have heard me before. As I

wrote last year, I repeat that the proper place where this instruction should be started is in the infants' departments ; the little hand should be taught the proper hold from the very beginning of school life, but the writing or chalking apparatus is not satisfactory, and I should like infants' teachers to endeavour to find out something better ; finger training with slender objects would help to this end ; I know that this is being done in certain infants' departments and I am sure it should be more generally followed.

SANITARY CONVENIENCES. These are all of water-carriage construction, the older ones of trough type and the more recent with separate flush tank. It is necessary that regular supervision be kept by head teachers to see that caretakers keep these clean and flushed, as children often do not understand their proper usage.

LAVATORY ACCOMMODATION. This is satisfactory in most of the schools, but its use should not be encouraged, but rather that the parents should be warned to send their children to school clean.

CLEANLINESS OF SCHOOLROOMS. The regular use of Dusmo Sweeping Powder has been a routine method for several years. I am informed that this preparation has recently been replaced by a similar powder with a different name ; it appears to me as to be of similar constitution and should be equally effective if used according to directions.

CLEANLINESS OF CLOAKROOMS. This is satisfactory as far as general conditions allow, but the available arrangements in several schools are poor. The cloakrooms are badly placed in certain schools, especially in such as have been altered from their original arrangements, and a considerable amount of disorder when children are passing through can hardly be avoided.

MEDICAL INSPECTION.

The three age groups of entrants, those of eight years, and the leavers, have been inspected as far as could be done in the time available ; also all special cases brought forward by teachers have been examined, but no special group or defect has been taken in hand.

All the routine inspections are carried out at the schools, and full particulars of these will be found in Table I. at the end of the report. This shows that of the code groups, a total of 3,320 children were inspected, made up of 1,169 entrants, 900 intermediates, 1,096 leavers, and 155 other routine inspections. In addition to these, 248 children were examined in school as new special cases, irrespective of 1,072 brought forward from the previous year. The number of special inspections at the School Clinic was 1,455, and the number of re-inspections at school or clinic was 6,050.

The numbers are interesting when compared to those of the 1923 report ; they show 260 more entrants—the coming of the post-war children—less than 1·5 per cent. variation in the eight year olds, and 370 less leavers,

there having been an accumulation from the seven months in 1922-23 when no inspections were made, which was brought level in 1923.

These numbers do not cover the whole of the routine cases for the year, as it has been found impossible to visit all the schools for the purpose, and I estimate that it will take four months' work beyond the year before the schools visited in January this year will have their next routine visit. This means that infants may be sixteen months in the school before examination, and that the eight year old group has to cover from the age of eight to $9\frac{1}{2}$ years ; with the leavers age at fourteen years no one should pass out without a final examination, but it leaves less time in which to get defects remedied, and some absentees will get missed unless they can be specially brought in at re-inspection visits ; also under these conditions no time is available for any special enquiry or investigation such as should form part of any good scheme of Medical Inspection and the necessity for which is strongly urged in the Chief Medical Officer's yearly reports.

The special inspections constitute a large and very important group—the new cases all mean definite defects suspected or found by teachers and calling for special supervision and treatment ; the comparatively small number of these new special cases is evidence that the beginnings of defects are mostly come to at the routine inspections, and the large number of re-inspections shows the closeness of the net in which we endeavour to hold all variations from the normal.

No special steps have been taken to ascertain crippling defects apart from requests to head teachers and school attendance officers. A list is obtained yearly from the local Crippled Children's Fund as to all new cases coming on their books so that no case is lost touch with. These children are under the care of one of the Hospital Surgeons and have all necessary help given.

FINDINGS OF MEDICAL INSPECTIONS.

The usual tabulated statement of these is presented among the statistics at the end of the report.

UNCLEANLINESS. The amount of improvement during the year is small, and I am not pleased with the results of our labours ; a tremendous amount of time is given by the Nurses and myself, and although we set a high standard, I am convinced that it is not unreasonable ; there is such a large number of children from poor homes with perfectly clean heads that it is reasonable to expect a similar condition in practically all those coming from better homes. During the year, 1,126 children have been found with hair so affected with nits (the eggs of the head-louse) as to necessitate a warning notice ; and of these 238 children were so infested with live vermin at the time of examination that they were excluded from school until cleansed ; these cases are visited by the nurse and advice given. In cases where satisfactory improvement is not made with home treatment, an offer is made for the child to attend at the School Clinic to use a " Binns " steel

tooth-comb there provided under the Clinic Nurse's supervision ; this is usually accepted, and the condition is then cleared in three or four days so that the child may return to school. Similar rapid cleansing is often done by parents at home so that it is quite certain that the usual week which we allow for cleansing is ample for any ordinary parent to clear a head of nits. *Fifteen recalcitrant parents* were summoned to the Borough Police Court, and after much patient endeavour *finer were awarded in three cases* (one of ten shillings and two of five shillings).

TONSILS AND ADENOIDS. Operation for these cases has been obtained in a large number of necessary cases ; this is partly due to the increased confidence of parents in the result of the modern operation, and greatly to the careful visiting and personal influence of the school nurses. I do not hesitate in urgent cases to use very available means to get the operation performed, and am only held up when I get definite proof from the parent that their private medical adviser objects to the operation ; I then transfer the responsibility to him and leave the case. The relief of troublesome and disturbing symptoms and the improvement in the general condition of a child who has had this operation is so wonderful that elder children often express their pleasure at having had it done after our persuasion.

VISION. I have no special remarks to make on this subject which is kept always to the forefront in our observation on account of its liability to abuse. Apart from cases of squint which are taken as soon as the condition is evident, I test all eyes at six years of age and again at the routine examinations of eight and twelve years old children. A further test at the age of ten years would be useful, for I find by the time of the routine Medical Inspection at twelve years that some cases of myopia have fully developed. If teachers would insist upon the correct sitting position when writing is being done, it would be easier for them to pick out those who are developing this defect, but there is still much laxity in this direction, in spite of my repeated requests.

DENTAL DEFECTS. Dental sepsis is a serious condition from a medical standpoint and is the forerunner or direct cause of endless absences on account of various conditions of general ill health ; parents can often be convinced of the necessity of treatment from my arguments rather than from the official dental aspect—the latter is purely an offer, while mine is an urgent request, almost a command. My one difficulty is to dovetail these cases into the routine cases which are the ideal ones from the dental standpoint. At the beginning of the year the dental surgeon had to call me to a halt, and after discussions I arranged to send only cases where the medical condition of ill health could definitely be put down to dental sepsis ; even thus there is no doubt that it seriously interferes with his routine work. It is a definite problem, though not of very difficult solution, and the time is at least due when it should be taken in hand.

HERNIA. There were eighteen cases of hernia found, seven of which were operated on, six supplied with a truss, two are awaiting a hospital bed, and in the remaining cases treatment has been deferred.

TREATMENT OF DEFECTS.

In the Table which follows the results of the treatment of all defects found are set out. It will be seen that 86·1 per cent. obtained treatment, 67·1 per cent. of these defects were remedied, 12·6 per cent. improved, and in 6·4 per cent. there was little change. The remainder (13·9 per cent.) represents those who did not receive treatment or on whom no report is available.

TREATMENT OF DEFECTS DURING 1924.

CONDITION.	Defects requiring Treatment.	RESULTS OF TREATMENT.			No Report available.	Defects not treated.
		Remedied.	Improved.	Unchanged.		
Clothing.....	39	12	16	5	6	—
Footgear	9	2	3	3	1	—
Cleanliness of Head	901	410	196	124	163	8
Cleanliness of Body	30	8	12	4	6	—
Nutrition	5	—	3	—	2	—
Skin	859	777	39	22	21	—
Vision and Squint	508	459	—	18	6	25
External Eye Dis....	245	201	18	13	13	—
Ear Disease	188	98	57	24	9	—
Hearing	98	56	11	9	11	11
Teeth	520	154	118	—	35	213
Nose and Throat ...	582	320	90	55	76	41
Cervical Adenitis and Mumps	166	151	8	5	1	1
Speech	33	4	16	5	8	—
Heart & Circulation	13	4	2	5	2	—
Lungs	54	28	11	9	6	—
Nervous System ...	6	3	1	1	1	—
Tuberculosis (non-pulmonary)	4	2	—	2	—	—
Rickets	454	—	—	—	1	—
Other Deformities	62	12	27	11	11	1
Minor Injuries	478	454	9	4	10	1
Miscellaneous	523	419	31	23	42	8
Totals	5324	3574	668	342	431	309

INFECTIOUS DISEASES.

Close touch is kept with the occurrence of cases of infectious or contagious disease in the schools by means of weekly returns from head teachers of all children away from school for any such conditions. Special

visits to schools are made by Medical Inspector or Nurse as is deemed advisable in special conditions as they arise. A code of regulations drawn up by the Medical Officer of Health is issued to head teachers, and also the homes of all cases of notifiable disease are visited by the Borough Sanitary Inspectors acting under the Medical Officer of Health.

MEASLES. 522 cases have been notified as absent from school during the year ; two small Infants' Departments were closed before the summer holiday to limit a local outbreak ; the results justified the step, as no more cases occurred at the schools on reopening—the closure allowed the second wave of cases to develop out of school. In the last three months of the year the disease spread slowly through most of the Infants' Departments, but there was at no time a general epidemic over the town, and two large Infants' Departments were untouched.

VARICELLA. 353 cases of this disease were notified, the outbreak being general over the town, and gradually working itself through.

SCARLET FEVER. 375 cases were reported in children of school age, being less than half of the total cases in the town. All the infections were of a sporadic nature, and at no time was there any evidence that any one class in a school was a centre of infection.

WHOOPING COUGH was the cause of 507 infections and called for special watching on account of it not being a “notifiable” disease ; epidemic spread was stopped by strict exclusion, necessitating several special visits by myself.

MUMPS. 850 cases have occurred ; the outbreak has been the most extensive of all and impossible to control, affecting all school ages alike ; in addition there has been a large number of cases of acute cervical adenitis of an apparently infectious nature.

The total of all infectious cases notified from the schools was 2,800, apart from a few hundred cases of influenza in the early part of the year. It is difficult to give any very satisfactory reason for the long continuance of the prevalence of these infectious illnesses during the year ; there probably has been an accumulation of susceptible children from previous free years which is all to the good for the children's sakes, as every extra year of life makes them better able to withstand attack—also the virulence has been low and at no time has there been any large outbreak to call for more than simple measures of control. I think we may say that this speaks well for the hygienic condition in which the schools are kept in the way of cleanliness and ventilation, though the attention given to the latter in some schools is chiefly directed to watching the thermometer, to see that it does not fall below what is called “school temperature,” and where the heating appliances are defective this often means that fresh air is admitted only at rare intervals,

VACCINATION.

This Table gives the proportion of children at ages from four to seven years found to be vaccinated (1920—1924).

AGES.	1920		1921		1922		1923		1924	
	Number Examined	Percentage Vaccinated	Number Examined	Percentage Vaccinated	Number Examined	Percentage Vaccinated	Number Examined	Percentage Vaccinated	Number Examined	Percentage Vaccinated
4—5 yrs.	630	7·6	503	9·7	329	7·6	321	13·4	628	9·2
5—6 „	414	11·6	589	8·3	431	10·4	352	10·8	365	11·8
6—7 „	182	15·4	204	14·7	117	11·1	175	17·1	127	17·3

FOLLOWING-UP.

Names of all children found defective at medical inspections are listed for each separate department, and these children are re-examined at the schools at intervals of about three months until the defect is remedied. Medical inspection is almost a useless procedure unless this part of the scheme is thoroughly worked, and the parents readily appreciate the fact that our efforts are for the good of their children, even though they may not at first take kindly to our requests.

The number of visits made by medical officers and nurses to the various school departments for the purpose of following-up and to investigate other matters was 526; the number of examinations of separate children made at these visits was 7,033.

The nurses made 618 visits to the homes of the children.

THE SCHOOL CLINIC.

The work of the School Clinic, which includes special inspection, the treatment of minor ailments, dental, x-ray, and eye work, has been continued as hitherto.

The Clinic is open daily from 9.0 a.m. to 12.30 p.m. and from 2.0 to 5.0 p.m. One or two nurses are in attendance as found necessary, and the Medical Officer attends for the whole of Wednesday and Saturday mornings, apart from special appointments. The Oculist attends on Tuesday mornings at 10.30, and the X-ray Specialist by appointment as necessary. These are fitted in with the ordinary work of the Clinic by the attendance of an extra nurse in the special rooms used. The dental department is conducted on separate lines, and is entirely arranged by the School Dental Officer.

Parents and guardians attended on 7,099 occasions and every opportunity was taken to interest and instruct them in health matters. This figure includes 2,786 attendances at the dental department.

Clinic cases which cease attendance before being marked off as cured are seen at one of the school visits of re-inspection and further attendance insisted upon if necessary.

The total number of children which attended was 4,973, making 26,722 attendances, as compared with 4,271 children making 23,746 attendances in 1923.

If those attending the dental department are excluded these numbers will be altered to 2,999 children and 21,142 attendances.

A box for donations from parents has been placed in the general clinic room and during the year £2 19s. 9d. was received.

(1) DEFECTS TREATED.

The total number of defects treated was 2,503, affecting 1,807 children. No child has been counted twice, even if examined for more than one defect ; further, no defect has been counted twice so long as it remained unremedied. A return of the same condition after cure is counted as another defect. Attendances for treatment were 18,270, some children attending twice daily.

DISEASE OR DEFECT.	Number of Defects.	RESULTS OF TREATMENT.			No Record.	No. of Treatments.
		Remedied.	Improved.	Unchanged.		
Vermin on hair.....	69	65	4	—	—	371
Ringworm (Scalp)	62	48	10	4	—	985
Ringworm (Skin)	40	40	—	—	—	164
Impetigo.....	256	237	7	4	8	1978
Scabies	6	6	—	—	—	30
Other Skin Disease	392	371	12	6	3	2041
Defective Vision and Squint	486	469	—	17	—	2387
Blepharitis.....	56	40	6	7	3	400
Conjunctivitis	76	69	4	—	3	533
Corneal Ulcer	4	3	—	1	—	163
Other Eye Disease	73	68	2	2	1	303
Otorrhœa	133	63	50	17	3	4439
Wax	49	44	4	1	—	118
Other Ear Disease	26	21	3	—	2	88
Minor Injuries	432	417	8	2	5	1768
Throat Defects	166	147	10	4	5	817
Other Defects	177	166	3	6	2	879
Totals	2503	2274	123	71	35	17464

In addition to the above, 494 cases of repairs or re-fitting of spectacles are recorded.

(2) INSPECTION.

The children examined who were referred for treatment other than treatment at the Clinic numbered 930, presenting 1,075 defects ; of these 969 were treated and 55 were not, and concerning the remaining 51 no report was available.

The number of children kept under observation for various conditions was 525, and 144 others were examined, for whom treatment or further treatment was deemed unnecessary.

The Clinic is also used for the medical examination of teachers, bursars, student teachers, etc. as occasion requires and nineteen of these were seen during the year.

SUMMARY OF DEFECTS FOUND ON INSPECTION.

DISEASE OR DEFECT.	Number referred for Treatment.*	Results of Treatment.			No Treatment.	No Report.	Number kept under observation.
		Remedied.	Improved.	Unchanged.			
Malnutrition	—	—	—	—	—	—	10
Uncleanliness { Head	264	196	53	8	1	6	1
{ Body	9	3	4	1	—	1	1
Skin { Ringworm (scalp) ...	14	8	3	2	—	1	13
{ Other Disease	77	63	6	3	—	5	3
Eye { Vision and Squint ...	15	2	—	—	11	2	393
{ Ext. Eye Disease ...	20	14	3	—	—	3	4
Ear { Defective Hearing ...	5	—	—	2	2	1	2
{ Ear Disease	17	9	4	2	—	2	—
Dental Disease	88	37	18	—	33	—	—
{ Enlarged Tonsils ...	25	22	1	—	2	—	7
Nose and Throat { Adenoids	5	2	2	—	—	1	5
{ Enlarged Tonsils & Adenoids	12	10	1	—	1	—	1
{ Other Conditions ...	50	43	5	1	—	1	5
Cervical Adenitis and Mumps	134	129	2	2	—	1	8
Speech Defects	2	—	1	—	—	1	1
Heart { Organic	—	—	—	—	—	—	3
and { Functional	1	—	—	1	—	—	1
Circulation { Anæmia	1	—	—	1	—	—	1
Lungs { Definite Tuberculosis .	—	—	—	—	—	—	3
{ Suspected Tuberculosis	—	—	—	—	—	—	3
{ Bronchitis	2	2	—	—	—	—	—
{ Other Diseases	7	5	1	1	—	—	3
Nervous System { Epilepsy	—	—	—	—	—	—	1
{ Chorea	4	1	1	1	—	1	—
Non-pulmonary Tuberculosis .	2	1	—	1	—	—	6
Deformities	5	1	1	1	1	1	11
Other Conditions	316	259	18	11	4	24	43
TOTALS	1075	807	124	38	55	51	529

*In the above group those only requiring dental treatment obtained it at the Clinic.

(3) MEDICAL TREATMENT.

MINOR AILMENTS. These include cuts, scratches, abrasions, whitlows, scalds, burns, and chilblains. They are treated by simple antiseptic remedies to get as rapid a cure and as few attendances as possible.

TONSILS AND ADENOIDS. Minor cases attend at intervals for local remedies and if necessary a hospital letter is given for operation, after which the child is seen again at the Clinic before return to school.

TUBERCULOSIS. No systematic hold is kept on these children as they are excluded from school and under private or hospital treatment and the supervision of the Tuberculosis Officer. Several of these and many "pre-tubercular" children are compelled to spend months out of school and miss much valuable education on account of the entire lack of suitable accommodation such as would be provided at a proper open air school. There are many children in attendance at school who are physically unfit to take proper benefit from their tuition on account of minor illnesses and debility from various causes, apart from the loss of attendance entailed; this could be almost entirely overcome if running wild in the streets as part of open air treatment could be supplanted by education in the open air. A comparatively temporary structure could be erected on one or other of the town's open spaces at a small cost, against which it should be able to set the increased attendance grant which could be obtained. At certain schools open air classes are taken in the summer months, but this is only a spasmodic effort and depends upon the weather and cannot be considered as part of "open air treatment" which is the real requirement.

SKIN DISEASES. The total number of cases requiring treatment was 859, and of that number 756 received it at the School Clinic on 5,198 occasions. The results of treatment of all cases were as follow: remedied 90·5 per cent., improved 4·5 per cent., unchanged 2·6 per cent., no report or no treatment 2·4 per cent.

RINGWORM. The number of cases of ringworm of the scalp on the records at the end of the year was 19, and of these 9 had been x-rayed before the year closed, but further treatment was still in progress. The x-ray exposes on school children are carried out by Dr. Robson, Physician to the General Hospital; the subsequent epilation is done by the school nurses at the Clinic by appointment at quiet times—this entails several visits, varying from 6 to 17, and averaging 9, in the 34 straightforward cases. Five cases were x-rayed after medical treatment had been tried for a period without proper improvement; 15 cases were cured by medical treatment, the average number of attendances was 16, and the periods of exclusion varied between one and four months.

The total number of cases of ringworm was 119 (scalp 76, skin 43); 99 (scalp 56, skin 43) were remedied; one left the town, and 19 scalp cases were left over till next year.

OTHER SKIN DISEASES. Impetiginous conditions form the bulk of these. The number of cases of scabies, which had declined in 1923, was still further reduced and only nine were found in contrast to the twenty-two of the previous year—all were slight cases and reacted readily to ordinary treatment.

EXTERNAL EYE DISEASE. All cases attending from school are treated on ordinary lines and serious cases needing in-patient treatment are referred to the Hospital. Daily attendance for treatment at the School Clinic entails much less loss of time from school than the hours of waiting which appear to be an unavoidable part of out-patient hospital treatment.

Three hundred and forty-five cases were found and 209 obtained treatment at the School Clinic, involving 1,399 attendances. The results were: remedied 82·0 per cent., improved 7·4 per cent., unchanged 5·3 per cent., no report or no treatment 5·3 per cent. The chief conditions were blepharitis, conjunctivitis, and keratitis.

DEFECTIVE VISION. All children coming under routine inspection at eight years old and twelve years old have the vision tested by the Medical Officer. Entrants below the age of six are not tested unless the teacher reports any evidence of defect, but their medical inspection cards are marked so that they come for testing about the age of six years.

There were 236 children examined by the Ophthalmic Surgeon (Mr. E. Harries-Jones) for this condition and refracted under a mydriatic. A further 224 were examined for small defects, and 300 myopes already wearing glasses were re-examined, of whom 36 were ordered a change of lens.

A total of 455 children were ordered glasses, of whom 208 were boys and 247 girls. The conditions of refraction were as follows: hypermetropic 286 (144 boys, 142 girls); myopic 133 (52 boys, 81 girls); mixed astigmatism 35 (11 boys, 24 girls).

The amount of myopia appears different from the previous year, the boys having 3 per cent. less and the girls 6 per cent. more. On separating this out into age groups, it is interesting to find that this disparity is as marked in the younger children—up to the age of ten years the myopic eyes number 17 per cent. (boys) and 20 per cent. (girls); at the ages over eleven years the proportions are 38 per cent. (boys) and 45 per cent. (girls), showing an increase, which properly may be said to be due to the eyestrain of close work in schools, of equal amount in boys and girls.

The price of spectacles supplied through the Clinic is four shillings per pair, but 76 pairs were granted free or at a reduced price. The money received from sales amounted to £79 12s. 9d.

EAR DISEASE. The number of defects requiring attention was 286, 208 of which received treatment at the Clinic, necessitating 4,645 attendances.

The results in detail were as follow :—remedied 53·9 per cent., improved 23·8 per cent., unchanged 11·5 per cent., no report or no treatment 10·8 per cent.

Discharging ears are the most troublesome of all School Clinic cases and are the chief agent in the large number of attendances. 159 cases of ear discharge were under treatment during the year ; 14 of these attended the Clinic for inspection only and 12 did not attend the Clinic.

Of 70 cases arising during the year, 43 (61 per cent.) completed treatment and were cured, *i.e.*, no discharge and no malodour. The total attendances were 1,919, but 27 cases made less than 10, and 17 made over 40 attendances.

Of 63 cases carried over from previous years, 20 were marked off as cured (31·7 per cent.). The total attendances were 2,520, but 12 made less than 10, and 23 over 40, of whom 9 made over 70 attendances.

The treatment carried out is cleansing with peroxide, followed by the instillation of various antiseptic solutions ; a certain number are given the “ drops ” to use at home, but the majority of cases receive treatment at the Clinic. All are seen at intervals of about four weeks by the Medical Officer. I consider the results satisfactory enough at present to call for no change of method.

(4) DENTAL DEFECTS.

(The Report of the School Dentist is inserted separately at the end of this report immediately before the Tables, *see* page 26).

PROVISION OF MEALS.

No important change seems to have been made in the dietary which has been described in former reports particularly that for 1919.

CENTRES. Clinic Buildings, King Street (principal centre), and Kingsthorpe Grove Cookery Centre.

MEALS SUPPLIED.	1924	1923	1922
Breakfasts	4,137	6,773	10,042
Dinners	5,180	7,784	11,780
Teas	4,645	6,558	9,804
Total Meals	13,962	21,115	31,626
Total number of children fed	42	65	113

CO-OPERATION OF PARENTS.

48·4 per cent. of parents or other responsible persons attended at the medical inspections. Invitation is given to them on the card sent to warn for medical inspections and the head teachers are urged to press for the parents' attendance. Many small details of advice of real importance can be given by mouth which it is hardly possible to put in writing, and also the Medical Officer can traverse the parents' erroneous ideas and conclusions. Where the parent does not attend, this useful work devolves upon the Nurse who visits the home, and it is seldom that this is not sufficient to make the parent follow the advice given in serious cases; in these occasional obstinate cases the help of the N.S.P.C.C. Inspector is sought with the request that the Education Authority's power under the Children Act, 1908, be made evident to the parent—no prosecution has been necessary at present.

CO-OPERATION OF TEACHERS.

A large amount of the preparatory work for medical inspections devolves upon teachers, but it is done willingly as the good reaction upon their own work is thoroughly recognised. The sorting-out and listing of the children of the routine groups, and the writing of inspection cards, and of notices to parents, take a good deal of time and this has to be fitted in with ordinary school work. No actual testing of the children is done by the teachers, and no actual following-up, apart from the personal interest of the teacher in the child. The attendance of children for treatment at the School Clinic is controlled by them, as it is necessary for each child to bring a card from the teacher, which is returned by the child with a time check from the clinic clerk. The system appears to work well and to be fairly free from abuse.

CO-OPERATION OF SCHOOL ATTENDANCE OFFICERS.

The School Attendance Service is in close touch with the School Medical Service but takes no part in the work of medical inspection. Cases of unsatisfactory school attendance are reported between the services and much useful work is done in this way.

CO-OPERATION OF VOLUNTARY BODIES.

Apart from the work of the National Society for the Prevention of Cruelty to Children mentioned above, certain cases, where extra nourishment is needed for debilitated children, have been referred to the local branch of the Voluntary Aid Council, which, after enquiry, makes grants of milk, eggs, or cod liver oil, as suggested by the Medical Officer. Cases for help in the way of boots or clothes are referred to the Northampton Good Samaritan Society, which is under the superintendence of the Chief Constable of the Borough. All children suffering from crippling defects come under the local Crippled Children's Fund, which makes itself responsible for all necessary items.

BLIND, DEAF, DEFECTIVE, AND EPILEPTIC CHILDREN.

The ascertainment of blind or deaf children is dependent upon information given by teachers or school attendance officers and arrangement is then made for them to be examined by the Medical Officer who gives special directions as necessary.

Defectives and epileptics who are unfit to attend ordinary schools are certified for special institutions as possible. The names of all children who are noted by the teachers as being very backward and making little progress are reported on a special form to the Education Authority. These cases are sorted out as needed by the Medical Officer into those suitable for special school and others who should have further individual attention at the ordinary school ; it is often unfortunate to have to decide to send a child back to an ordinary school class of over fifty children when one knows it is almost impossible for him to obtain sufficient individual attention to be likely to bring him anywhere near the normal. The eighty available places at the Special School do not at all cover the numbers properly admissible to such school and there is an urgent need for provision of special backward classes in the ordinary schools. These should not be for normal children temporarily behind the standard on account of late start in school life or absence from long illness, but for those who from lowered mental ability cannot keep pace with the low average normal child. These children with " lowered mental ability " are met with more in schools serving the lower class districts of the town, and one has only to consider their ancestral, ante-natal, and infantile environment and manner of life, to appreciate that their mental ability cannot start at the level of those better nurtured. Under better conditions some of them, perhaps a fair proportion, should be expected to attain to a good level, but where the manner of upbringing remains low for home life, only the occasional one can be expected to rise above it, unless some definite special effort is made to lift them, and this cannot be done by letting them remain in a series of classes where they always are at the bottom. They must be made to see the good in themselves and their self-respect fostered and directed in useful lines of advance. This means a side line of special classes with individual teaching as distinct from individual learning as is at present in vogue.

I commend this as one of the most urgent needs of the educational system in this town at present, and the scheme should be as comprehensive for those backward ones as it is now for those of above average mental ability. It is a more difficult problem than the other for the retarded ones have less to work on and more to work against and overcome.

WELLINGTON PLACE SPECIAL SCHOOL.

This school is visited at least once monthly to ensure continuous supervision of the children and inspection as necessary. Miss Longland, the Headmistress, has had long experience in this special work and devotes

great attention to the care and interests of the pupils and keeps in touch with them after they have left school.

The school is open from 9.15 to 11.30 and from 1.30 to 3.15, and a majority of the children remain for the mid-day meal under the supervision of the Headmistress and one assistant ; this is rightly made a definite part of the school training as the home life of most of the children gives them no help in this direction.

The full accommodation of the school is kept always engaged ; twenty-six children were examined during the year to fill up vacancies, of whom twenty were accepted as more suitable than the others for the special training, although only three or four were properly fit to be taught in an ordinary elementary school class.

The accommodation of the school has been the subject of discussion during the year. An endeavour has been made to raise the average attendance to eighty, under which scheme there was to be a male assistant who would be able to take twenty of the elder boys, and the Headmistress would take ten elder girls in the main hall—so far this has not worked out very satisfactorily on account of the difficulty of obtaining a suitable trained man for the post ; the control and teaching of twenty of these boys constitutes a far larger problem than that of three times the number of normal children, and special gifts and training are necessary before one is able to handle such a class to any good effect.

The statistics for the present year I have in the main obtained from Miss Longland.

Number on register at end of previous year	60
Number admitted during present year	21
Number left during present year	15
Number on register at end of present year	66
Average attendance for the year	55·2

Fifteen children left the school in 1924. Eight were passed out to the Occupation Centre as unlikely to profit from continued special school education, one was admitted to Stoke Park Colony, one on attaining the age of 16 years and five others between the ages of 15 and 16 were granted special permission as they had obtained suitable and satisfactory work in which they should prove able to earn their own living. Six of the cases sent to the Occupation Centre are such as will need constant supervision, and their home conditions are such that in due course residential provision will have to be made, none being ever likely to be able to support himself in the ordinary walks of life.

AGES OF CHILDREN IN ATTENDANCE.

AGES.	BOYS.	GIRLS.	TOTAL.
7— 8 years	2	2	4
8— 9 „	4	1	5
9—10 „	2	8	10
10—11 „	5	4	9
11—12 „	3	5	8
12—13 „	11	4	15
13—14 „	3	4	7
14—15 „	3	1	4
15—16 „	1	3	4
Totals	34	32	66

AFTER-CARE. Since the school was opened in 1907, 203 children have passed out after varying periods of stay as pupils. A Committee of Voluntary Workers has from the first interested itself in the subsequent welfare of these, and Miss Longland, who acts as Secretary to this Committee, has again supplied the information on which the following summary is based. The grouping is similar to that in former recent reports.

GROUP I.

Deceased	21
In the Workhouse	11
In Institutions for the Deaf and Dumb	1
In Institutions for the Feeble-Minded	11
Left the Town	12
Cared for at home but incapable of work	32
In Asylum	6
At Occupation Centre	14
Total	108

GROUP II.

Soldiers	2
Coal Porters	9
In Boot Factories	12
Working on Land	7
Domestic Service	8
At Home (household duties)	4
Married (household duties)	11
Returned to ordinary school	8
Other trades	6
Selling papers	4
Out of employment	24
Total	95

In Group I., it may be noted that there are thirty-two cases living at their homes though incapable of work (self-supporting) ; this includes two excluded from the school last year for whom no provision has been made, and who can only deteriorate with the cessation of school control ; also one girl who was returned from an institution as fit for normal life in 1922, and who is now in the Workhouse with an illegitimate child. The Voluntary After-Care Committee keep in constant touch with these cases and can always offer valuable information, which should be given full consideration.

SECONDARY SCHOOLS.

The medical inspections are confined to one girls' school, the three other schools not being under or in the scope of the service. The inspections are conducted on similar lines except that there is no routine cleanliness inspection, and a medical inspection is made of the routine groups at the beginning of each term.

Three inspections of the Secondary School for Girls took place during the year. The girls examined comprised five groups :—

- 1.—Girls of twelve years old.
- 2.—Girls of fifteen years old.
- 3.—Entrants not included in the above age groups.
- 4.—Leavers not included in the above age groups.
- 5 —Special cases.

The number of routine cases inspected was 188 ; the number of special inspections at school was 34 and at clinic 5 ; the number of re-inspections at school was 51 and at clinic 26. The tables shewing the number of children referred for treatment and the treatment of defects are given at the end of the report.

The parents were notified of the date and time of the inspection and were invited to be present. They took great interest as is evidenced by the fact that 52·4 per cent. attended.

MISCELLANEOUS.

Under this heading is included the examination of student teachers, probationers, scholarship candidates, etc.

The number examined during the year was as follows :—

	MALE.	FEMALE.
Student Teachers	3	4
Teachers	1	2
Blind	6	3
Totals	10	9

Report of the School Dental Officer.

To the School Medical Officer.

SIR,

I present below the report on the work accomplished in my section of the School Medical Department for the year 1924.

The usual Table required by the Board of Education is submitted and is comprised in Group IV. of Table IV., on pages 34 and 35.

I am, Sir,

Your obedient Servant,

ARTHUR SHERWOOD ANDERSON,

School Dental Officer.

No child is counted as more than one, however many the visits paid for treatment, and no child is counted as inspected or re-inspected more than once.

The total number of children seen (including 1,329 re-inspection cases) was 2,717, of whom 1,883 received treatment by me (during 5,580 attendances), 1,014 for the first time.

Ninety perfect cases received treatment, otherwise than for decay, such as regulation, crowding, etc.

462 formerly perfect cases received supplementary treatment for decay, of which 281, or 60·8 per cent., were re-perfected.

Of the remaining 1,331 treated for decay, 553 or 41·5 per cent. were made dentally perfect, *i.e.*, decay was thoroughly eradicated, the percentage for first inspection in school routines was 27·6, or, including those carried from first inspection in 1923, 49·7.

Of 634 routines inspected in school for the first time, only 4·58 per cent. were free from dental decay (454 in the six to eight age period 4·6 per cent.) ; 217 or 35·8 per cent. of those referred for decay, received treatment at the clinic, 60 or 27·6 per cent. of whom were completed ; 135 of those referred and 90 of the re-inspection cases had not been sent for by the end of the year.

339 of the 524 first inspections in clinic were under eight years of age, and therefore prospective routines, the 371 non-perfects re-inspected in clinic were mostly those whose parents had formerly declined treatment in whole or in part ; both classes, when in excess, hinder routine inspection and treatment.

Of the 338 former perfects re-inspected in clinic, many having frail teeth, or a tendency to overcrowding, had been requested by me to pay periodic visits to the clinic, rather than wait for re-inspection in school,

INSPECTION AND TREATMENT.

	Number seen	Referred	Accepted	Partly treated	Perfected	Total treated	Not sent for by end of year
First inspection in school	634	{ 605	354	157	60	217	135
First inspection in school, found perfect, not for decay	—	{ 10	5	—	—	2	—
Re-inspection non-perfects in school	69	69	36	19	6	25	11
Re-inspection former perfects in school	432	{ 345	209	53	72	125	79
Re-inspection former perfects in school, still perfect, not for decay	—	{ 23	23	—	—	16	—
Totals for routines inspected	1135	1052	627	229	138	385	225
First inspection in clinic	524	{ 523	512	285	218	503	—
First inspection in clinic found perfect, not for decay	—	{ 1	1	—	—	1	—
Re-inspection non-perfects in clinic	371	371	358	247	107	354	—
Re-inspection former perfects in clinic	338	{ 257	248	106	140	246	—
Re-inspection former perfects in clinic, still perfect, not for decay	—	{ 74	71	—	—	71	—
Totals for specials inspected	1233	1226	1190	638	465	1175	—
Totals for all inspected, routines and specials	2368	2278	1817	867	603	1560	225
Inspected and accepted in 1923, treated in 1924, including one special partly treated	204	—	—	55	149	204	—
Re-inspected and accepted in 1923, treated in 1924, former perfects 91, non-perfects 28, including one special	119	—	—	37	82	119	—
Came, but neither inspected nor treated	26	—	—	—	—	—	—
Totals of all children seen	2717	2278	1817	959	834	1883	225

Of 1,135 inspected or re-inspected in school, with tabulation of treatment required, the average number seen per session was 49.3.

The average number of attendances of parents or guardians at first inspections in school was 14.9, and at first inspections in clinic 75.3 per hundred children seen; at treatment of all sections, 36.6 per hundred attendances of children; the total of their attendances in school and clinic was 2,897.

309 cases referred from the medical department were seen, 286 were treated, of which 123 were perfected.

Fillings numbered 1,518 in 1,181 permanent and 6 temporary teeth, nitrate of silver treatment being more effective and speedy for the latter, 2,164 of which were thus treated.

Nature of fillings :—copper amalgam 57, silver amalgam 1,361, synthetic porcelain 100.

6,879 teeth were extracted, for which cocaine was given on 2,274 occasions.

Of the 785 permanent teeth extracted, 111 were for crowding in seventy mouths, 11 hopelessly fractured, 47 too defectively formed to last, and 19 were formerly very badly decayed teeth, which had only been treated to keep the bite open until the eruption of other teeth would effect that purpose ; the remaining 597 were for advanced decay or abscess, 75 in 706 routines and 522 in 1,177 specials.

Nature of " other operations " :—Group IV., Table IV., silver nitrate treatment to 2,520 teeth (356 permanent), of which 191 were ground so as not to retain food, dressings 1,159, linings 532, cleansings 148, scalings 43, trimming of abnormal or of fractured teeth 13, root fillings 3, lancements 4, regulation cases, not including any case which could be remedied by extraction alone, 66, for one of which a plate was supplied, 46 cases were completed during the year. Total other operations 4,488.

Average work done at the clinic per half-day session :—New patients 4·45, attendances 12·59, fillings 3·42, nitrate of silver treatment to 5·68 teeth, teeth extracted 15·52, local anæsthetic cases 5·13, other items 4·44, besides special inspections 2·78.

1,754 paid in full, thirty received free treatment, five paid a reduced charge, sixty-five owed all, eighteen owed part of charge, three investigation cases not decided at end of year ; nine additional treatment no charge. Total 1,884, one paid without treatment.

Donations amounted to £5 11s. 6d., and the fees collected by Miss Markham to £68 4s. 9d., making a total of £73 16s. 3d. ; an average of 39·9 pence per treatment session, 9·4 pence per child treated, or 3·1 pence each attendance made by a child.

The following table shows the effect of the alteration of the scale of charges. On the 13th June, 1921, a compulsory charge for each item was instituted, which seriously hindered the work ; on the 1st September, 1923, this was changed to a uniform charge of sixpence for one attendance, or one shilling for complete treatment within three months ; as in the earlier years about one-third of the fillings were in temporary teeth, which are now mostly treated with nitrate of silver, the figures show a recovery this year to the average amount of work done per annum up to December, 1920.

	AVERAGES PER ANNUM.			
	July 1916 to Dec. 1920	1921	1922 and 1923	1924
Extractions, No. of teeth	7261	3974	3816	6879
Fillings	2492	1315	945	1518
Nitrate of silver, No. of teeth	749	3427	2422	2520
Local Anæsthetic Cases	2112	1797	1618	2274
Children treated	2185	1725	1446	1883

As compared with the years of the separate item charges, the no charge years and the uniform charge year show an extra amount of work equal to what could be done by an extra half-time dentist under the item system.

Tooth brush drill in the schools would reduce the amount of recurrent decay in those made perfect, the difficulty has been the want of rinsing facilities and the provision and cleansing of utensils. This could be overcome by the provision of a long horizontal water pipe in the playground, with numerous jets throwing upward sprays, over which the children would hold their open mouths after brushing their teeth ; this system of rinsing the mouth has been in use for many years in Strasburg School Clinic, and has given every satisfaction.

The total number of individual children treated by me during my tenure of office, now eight and a half years, amounts to 11,232, of whom 6,195 were made perfect, *i.e.*, decay was thoroughly eradicated, and many of the remaining 5,037 required little more to be done ; the work done involved 51,163 extractions, 16,812 administrations of local anæsthetic, 15,938 fillings, and nitrate of silver treatment to 14,165 teeth.

An average of 637 per annum received supplementary treatment since 1916.

STATISTICAL TABLES.

TABLE I. RETURN OF MEDICAL INSPECTIONS, 1924.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections :—

Entrants	1,169
Intermediates	900
Leavers	1,096

Number of other Routine Inspections 155

Total	3,320
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B.—OTHER INSPECTIONS.

Number of Special Inspections :—

New Cases in School	248
At School Clinic	1,455
Carried over from 1923	1,072

Number of Re-inspections :—

School	3,893
School Clinic	2,157

Total	8,825
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TABLE II. A. RETURN OF DEFECTS FOUND IN THE COURSE OF MEDICAL INSPECTION IN 1924.

DEFECT OR DISEASE.		ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.*					
		NO. OF DEFECTS.		NO. OF DEFECTS.					
		Requiring treatment	Requiring to be kept under observation but not requiring treatment	Requiring treatment			Requiring to be kept under observation but not requiring treatment		
(1)		(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Malnutrition		5	4	...	...	1	...	2	17
Uncleanliness—Head		342	1	41	128	329	...	...	...
Uncleanliness—Body		4	1	5	3	18	...	...	...
Skin ...	Ringworm—Scalp	3	...	...	55	1	...	...	...
	Ringworm—Body .....	...	...	...	18	...	...	...	...
	Scabies	1	...	1	7	...	...	...	...
	Impetigo	5	...	...	77	...	...	...	...
	Other Diseases (non-tuberculous)	4	1	2	158	6	...	3	...
	Blepharitis	2	1	1	17	6	...	...	...
Eye ...	Conjunctivitis .....	...	...	1	37	1	...	...	...
	Keratitis	1	1	...	3	1	...	...	...
	Corneal Opacities .....	...	...	...	1	...	1	1	...
	Defective Vision (excluding Squint)	146	46	38	159	73	19	87	75
	Squint	19	10	8	48	8	3	24	9
	Other Conditions	5	...	1	39	2	...	3	2
Ear ...	Defective Hearing	42	6	5	19	19	3	2	10
	Otitis Media	18	...	4	45	31	...	...	1
	Other Ear Diseases .....	...	...	...	19	...	...	...	...
Nose and Throat	Enlarged Tonsils only	72	39	10	21	47	5	3	17
	Adenoids only	7	2	3	3	13	3	5	1
	Enlarged Tonsils and Adenoids	27	4	8	5	18	...	...	6
	Other Conditions	82	7	14	118	56	...	5	3
Enlarged Cervical Glands (Non- tuberculous)		2	4	3	84	6	1	3	2
Defective Speech		21	4	1	3	8	1	1	8
Teeth—Dental Disease		257	8	26	63	161	...	...	1
Heart and Circula- tion	Heart Disease :—								
	Organic .....	...	24	...	...	...	5	2	34
	Functional	3	3	...	...	3	...	...	8
Lungs	Anæmia	3	...	2	1	1	...	1	4
	Bronchitis .....	...	3	...	2	1	...	...	2
	Other Non-tuberculous Diseases	32	31	2	6	11	...	2	35
Tuber- culosis	Pulmonary :—								
	Definite .....	...	...	...	...	...	1	...	4
	Suspected .....	...	...	...	...	...	...	1	1
	Non-pulmonary :—								
	Glands .....	...	...	...	...	2	...	...	2
	Spine .....	...	1	...	...	...	...	1	1
	Hip .....	...	1	...	...	...	...	1	1
	Other Bones and Joints	...	...	...	...	...	...	2	...
	Skin	1	...	...	...	1	...	...	...
	Other Forms .....	...	...	...	...	...	...	1	...
Nervous System	Epilepsy .....	...	1	...	...	1	...	...	1
	Chorea .....	...	...	2	1	1	...	...	...
	Other Conditions .....	...	...	...	...	...	...	...	...
Deform- ities	Rickets .....	...	...	...	1	...	...	1	...
	Spinal Curvature	1	1	...	1	5	...	...	3
	Other Forms	34	9	2	2	17	2	4	25
Other Defects and Diseases		52	42	9	401	36	29	35	51

*SPECIAL INSPECTIONS :—

(4) & (7) New Specials at school. (5) & (8) Special Inspections at Clinic.
(6) & (9) Carried over from 1923—seen at school.

TABLE II.—B. NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE MEDICAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING UNCLEANLINESS AND DENTAL DISEASE).

GROUP.	NUMBER OF CHILDREN.		Percentage of Children found to require treatment.
	Inspected.	Found to require treatment.	
CODE GROUPS :—			
Entrants	1169	164	14·0
Intermediates	900	161	17·8
Leavers	1096	194	17·7
Totals (Code Groups)	3165	519	16·4
Other routine inspections ...	155	30	19·4

TABLE III. RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA IN 1924.

			Boys.	Girls.	Total.
Blind (including partially blind).	(i) Suitable for training in a School or Class for the totally blind.	Attending Certified Schools or Classes for the Blind	1	2	3
		Attending Public Elementary Schools .....	...	2	2
		At other Institutions .....	...	...	...
		At no School or Institution ...	...	...	...
	(ii) Suitable for training in a School or Class for the partially blind.	Attending Certified Schools or Classes for the Blind .....	...	...	...
		Attending Public Elementary Schools	8	4	12
		At other Institutions .....	...	...	...
		At no School or Institution ...	...	...	...
Deaf (including deaf and dumb and partially deaf).	(i) Suitable for training in a School or Class for the totally deaf or deaf and dumb.	Attending Certified Schools or Classes for the Deaf	6	3	9
		Attending Public Elementary Schools .....	...	...	...
		At other Institutions .....	...	...	...
		At no School or Institution ...	...	...	...
	(ii) Suitable for training in a School or Class for the partially deaf.	Attending Certified Schools or Classes for the Deaf .....	...	...	...
		Attending Public Elementary Schools .....	...	...	...
		At other Institutions .....	...	...	...
		At no School or Institution ...	...	...	...
Mentally Defective.	Feebleminded (cases not notifiable to the Local Control Authority).	Attending Certified Schools for Mentally Defective Children ...	34	32	66
		Attending Public Elementary Schools .....	...	...	...
		At other Institutions .....	...	...	...
		At no School or Institution ...	...	...	...
	Notified to the Local Control Authority during the year.	Feebleminded .....	...	2	2
		Imbeciles	2	...	2
		Idiots .....	...	...	...

TABLE III. (*continued*).

			Boys.	Girls.	Total.
Epileptics.	Suffering from severe epilepsy.	Attending Certified Special Schools for Epileptics	1	...	1
		In Institutions other than Certified Special Schools	1	...	1
		Attending Public Elementary Schools .....	...	...	...
		At no School or Institution ...	...	...	...
Physically Defective.	Suffering from epilepsy which is not severe.	Attending Public Elementary Schools	6	1	7
		At no School or Institution ...	...	...	...
	Infectious pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	...	...	...
		At other Institutions .....	...	...	...
		At no School or Institution ...	...	2	2
	Non-infectious but active pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	...	...	...
		At Certified Residential Open Air Schools .....	...	...	...
		At Public Elementary Schools	16	18	34
		At other Institutions .....	...	...	...
		At no School or Institution ...	...	...	...
	Delicate children (<i>e.g.</i> , pre- or latent tuberculosis, malnutrition, debility, anæmia, etc.).	At Certified Residential Open Air Schools .....	...	...	...
		At Certified Day Open Air Schools .....	...	...	...
		At Public Elementary Schools	9	6	15
		At other Institutions .....	...	...	...
		At no School or Institution ...	...	...	...
	Active non-pulmonary tuberculosis.	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	1	...	1
		At Public Elementary Schools	2	...	2
		At other Institutions	3	1	4
		At no School or Institution ...	7	3	10
	Crippled Children (other than those with active tuberculous disease), <i>e.g.</i> , children suffering from paralysis, &c., and including those with severe heart disease.	Attending Certified Hospital Schools .....	...	...	...
		At Certified Residential Cripple Schools .....	...	...	...
		At Certified Day Cripple Schools	...	...	...
		At Public Elementary Schools	41	31	72
		At other Institutions	1	1	2
		At no School or Institution ...	8	1	9

TABLE IV. RETURN OF DEFECTS TREATED DURING 1924.
TREATMENT TABLE.

GROUP I.—MINOR AILMENTS (EXCLUDING UNCLEANLINESS, FOR WHICH
SEE GROUP V.).

DISEASE OR DEFECT.	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme.	Otherwise.	Total.
Skin :—			
Ringworm—Scalp	62	13	75
Ringworm—Body	40	3	43
Scabies	6	3	9
Impetigo	256	11	267
Other Skin Diseases	392	64	456
Minor Eye Defects	209	24	233
Minor Ear Defects	207	64	271
Micellaneous	609	40	649
Totals	1781	222	2003

GROUP II.—DEFECTIVE VISION AND SQUINT (EXCLUDING MINOR EYE
DEFECTS TREATED AS MINOR AILMENTS—GROUP I.).

Defect or Disease.	NUMBER OF DEFECTS DEALT WITH.			
	Under the Authority's Scheme.	Submitted to refraction by private practitioner or at hospital, apart from the Authority's Scheme.	Otherwise.	Total.
Errors of Refraction (including Squint)	481	4	...	485
Other Defect or Disease of the eyes (excluding those recorded in Group I.) ...	...	...	...	...
Totals	481	4	...	485

TABLE IV.—*continued.*

GROUP II.—DEFECTIVE VISION AND SQUINT (*continued*).

Total number of children for whom spectacles were prescribed :—

(a) Under the Authority's Scheme	458
(b) Otherwise	3

Total number of children who obtained or received spectacles :—

(a) Under the Authority's Scheme	431
(b) Otherwise	3

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

NUMBER OF DEFECTS.				
Received Operative Treatment.			Received other forms of Treatment.	Total number treated.
Under the Authority's Scheme in Clinic or Hospital.	By Private Practitioner or Hospital apart from the Authority's Scheme.	Total.		
...	87	87	378	465

GROUP IV.—DENTAL DEFECTS.

(1) Number of children who were :—

(a) Inspected by Dentist
in School :—

Routine Age Groups.	Aged.	Total
	4.....	3
	5.....	12
	6.....	209
	7.....	245
	8.....	158
	9.....	5
	10.....	—
	11.....	1
	12.....	—
	13.....	1
		634

Re-inspected in
School :—

Aged.	Total
5.....	2
6.....	26
7.....	39
8.....	67
9.....	38
10.....	12
11.....	20
12.....	81
13.....	190
14.....	24
15.....	2
	501

Specials 1,233.

Grand Total 2,368.

(b) Found to require treatment	2,278	
(c) Actually treated	1,883	
* (d) Re-treated during the year as the result of periodical examination	232	
(2) Half-days devoted to	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> { Inspection 23 } { Treatment 443 } </div> <div> Total 466 </div> </div>	
(3) Attendances made by children for treatment	5,580	
(4) Fillings	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> { Permanent Teeth ... 1,512 } { Temporary Teeth 6 } </div> <div> Total 1,518 </div> </div>	
(5) Extractions	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> { Permanent Teeth ... 785 } { Temporary Teeth ... 6,094 } </div> <div> Total 6,879 </div> </div>	
† (6) Administrations of local anæsthetics for extractions	2,274	
(7) Other Operations	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> { Permanent Teeth ... 2,317 } { Temporary Teeth ... 2,171 } </div> <div> Total 4,488 </div> </div>	

* Included also in (c).

† No general anæsthetics were administered.

GROUP V.—CLEANLINESS AND VERMINOUS CONDITIONS.

(i) Average number of visits per school made during the year by the School Nurses	7·5
(ii) Total number of examinations of children in the Schools by the School Nurses	10,378
(iii) Number of individual children found unclean	1,126
(iv) Number of children cleansed under arrangements made by the Local Education Authority	—
(v) Number of cases in which legal proceedings were taken :—	
(a) Under the Education Act, 1921	—
(b) Under School Attendance Bye-laws	15

SECONDARY SCHOOLS, 1924.

TABLE I. (S). RETURN OF MEDICAL INSPECTIONS.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Routine Inspections :—

12 years	53
15 years	45
Entrants	57
Leavers	33
Total	188

B.—OTHER INSPECTIONS.

Number of Special Inspections :—

School	34
Clinic	5

Number of Re-inspections :—

School	51
Clinic	26
Total	116

TABLE II. (S).

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION.

Defect or Disease.	ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.			
	Number referred for Treatment.	Number to be kept under Observation.	Number referred for Treatment.		Number to be kept under Observation.	
			School.	Clinic.	School	Clinic.
Uncleanliness—Head	8	...	3	1	...	...
Ringworm—Scalp	1	...	...	...	...	...
Defective Vision	18	2	2	3	3	7
Conjunctivitis .....	...	...	...	1	...	...
Defective Hearing	1	...	1	...	...	...
Ear Disease	1	...	...	...	...	...
Nose { Enlarged Tonsils ...	6	1	3	...	...	...
and { Adenoids	1	...	...	...	...	...
Throat { Other Conditions ...	6	...	2	...	...	...
Teeth—Dental Disease	16	...	16	...	...	...
Heart Disease—Organic .....	...	1	...	...	3	...
Deformities—						
Spinal Curvature .....	...	1	1	...	...	...
Other Forms	1	1	2	...	...	...
Other Defects or Diseases ...	1	2	2	...	1	...

TABLE II. (S). (*continued*).

B.—NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE MEDICAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING UNCLEANLINESS AND DENTAL DISEASE).

Group.	Number of Children.		Percentage of Children found to require treatment.
	Inspected.	Found to require treatment.	
12 years	53	10	18·9
15 years	45	8	17·7
Entrants	57	15	26·3
Leavers	33	3	9·1
Totals	188	36	19·1

TABLE III. (S). TREATMENT OF DEFECTS.

Defect or Disease.	Number referred for Treatment.	Treated.	Not Treated.	No Report.
Uncleanliness—Head	12	7	...	5
Ringworm—Scalp	1	1	...	...
Defective Vision	23	20	...	3
Conjunctivitis	1	1	...	...
Defective Hearing	2	2	...	...
Ear Disease	1	...	...	1
Nose { Enlarged Tonsils ...	9	5	2	2
and { Adenoids	1	1	...	...
Throat { Other Conditions ...	8	2	...	6
Teeth—Dental Disease	32	19	8	5
Deformities—				
Spinal Curvature	1	1	...	...
Other Forms	3	3	...	...
Other Defects or Diseases ...	3	3	...	...
Totals	97	65	10	22*

* Fourteen of the defects had been treated by next visit of re-inspection (February, 1925).

